

# Herefordshire Council Diversity Monitoring Form

The following information is needed to help us ensure that our services are accessible to all. Your answers will be treated in the strictest confidence and will not be used to identify you. You do not have to complete this form but it will help us to improve our services if you do. For further information, please call the Assistant Chief Executive's Office on 01432 260200 or e-mail [amclaughlin@herefordshire.gov.uk](mailto:amclaughlin@herefordshire.gov.uk) or refer to the 'Diversity Monitoring' pages on our website.

## Data Protection Act 1998

The data collected in this form will only be used for the purpose of statistical monitoring. This information will only be retained for as long as is considered necessary for monitoring purposes and then it will be destroyed. At all times it will be kept in accordance with the Act.

### 1) Your gender:

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other, please specify: .....
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### 2) Your age :

<input type="checkbox"/> 0-15 years	<input type="checkbox"/> 25-44 years	<input type="checkbox"/> 65-74 years
<input type="checkbox"/> 16-24 years	<input type="checkbox"/> 45-64 years	<input type="checkbox"/> 75+ years

### 3) Disability

Do you have a disability, long-term illness or health problem (12 months or more) which limits daily activities or the work you can do?

<input type="checkbox"/> Yes – please specify below (tick all that apply):	<input type="checkbox"/> No
<input type="checkbox"/> Deaf/hard of hearing/acute hearing	
<input type="checkbox"/> Blind/partially sighted/sensitive to light	
<input type="checkbox"/> Learning disability or difficulty	
<input type="checkbox"/> Mental Health	
<input type="checkbox"/> Progressive/chronic illness (e.g. MS, cancer)	
<input type="checkbox"/> Mobility difficulties	
<input type="checkbox"/> Other (please specify): .....	

### 4) Your sexual orientation (please tick one only):

<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Gay
<input type="checkbox"/> Bisexual	<input type="checkbox"/> Lesbian
<input type="checkbox"/> Prefer not to say	

### 5) Your religion/belief (please tick one box only):

<input type="checkbox"/> Christian	<input type="checkbox"/> Muslim	<input type="checkbox"/> Jewish
<input type="checkbox"/> Hindu	<input type="checkbox"/> Sikh	<input type="checkbox"/> Buddhist
<input type="checkbox"/> None	<input type="checkbox"/> Other (please specify):	

### 6) Your national identity (please tick one box only):

<input type="checkbox"/> English	<input type="checkbox"/> Scottish	<input type="checkbox"/> British
<input type="checkbox"/> Welsh	<input type="checkbox"/> Irish	<input type="checkbox"/> Other (please specify):

**7) Your ethnicity (please tick one box only):**

**WHITE**

<input type="checkbox"/> British	<input type="checkbox"/> Irish Traveller	<input type="checkbox"/> Romany/Gypsy
<input type="checkbox"/> Other White background (please specify): .....		

**BLACK**

<input type="checkbox"/> British	<input type="checkbox"/> African	<input type="checkbox"/> Caribbean
<input type="checkbox"/> Other Black background (please specify): .....		

**ASIAN**

<input type="checkbox"/> British	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani
<input type="checkbox"/> Bangladeshi		
<input type="checkbox"/> Other Asian background (please specify): .....		

**CHINESE**

<input type="checkbox"/> British	<input type="checkbox"/> Chinese
<input type="checkbox"/> Other Chinese background (please specify): .....	

**MIXED**

<input type="checkbox"/> British	<input type="checkbox"/> White & Black African
<input type="checkbox"/> White & Asian	<input type="checkbox"/> White & Black Caribbean
<input type="checkbox"/> White & Chinese	
<input type="checkbox"/> Other Mixed background (please specify): .....	

**OTHER**

<input type="checkbox"/> Any other background (please specify): .....
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**8) Your postcode:**

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